

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER		
<u>Chester J Sears</u>	<u>05-30104 MA</u>		
DEFENDANT	TYPE OF PROCESS		
<u>Chester Gdula</u>	<u>Sumons Court</u>		
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
→	<u>MASS Turnpike Auth</u>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
AT	<u>10 Park Plaza Suite 4160 Boston MA 02108</u>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			
<input checked="" type="checkbox"/> <u>Chester Gdula Chester J Sears</u> <u>42 Lower Terrace 110 Cherry Street</u> <u>Chicopee MA Holyoke MA 01040</u>		Number of process to be served with this Form - 285	<u>2</u>
		Number of parties to be served in this case	<u>2</u>
		Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<u>Chester J Sears</u>	<input type="checkbox"/> DEFENDANT	<u>4135329475</u>	<u>6/21/05</u>

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	<u>1</u>	<u>No. 30</u>	<u>No. 30</u>	<u>Dal W. Kelly</u>	<u>6/21/05</u>

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)	Date of Service	Time
	<u>7/19/05</u>	<u>12:30 pm</u>
	Signature of U.S. Marshal or Deputy	
	<u>Robert S. Lefebvre</u>	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
<u>45.00</u>	<u>—</u>	<u>—</u>	<u>45-</u>	<u>—</u>	<u>—</u>	

## REMARKS:

Mailed to USM Boston, MA on 6/21/05 for service. M/S

1 hr

U.S. Department of Justice  
United States Marshals Service

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on the reverse of this form.

PLAINTIFF <i>Chester J Sears</i>	COURT CASE NUMBER <u>05-30104 MAP</u>
DEFENDANT <i>Massachusetts Turnpike Auth</i>	TYPE OF PROCESS <u>SUMMONS COURT</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONCEAL IN <b>SERVE</b> → <i>MASS Turnpike Auth</i>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>AT</b> <i>10 Park Plaza Suite 4160 Boston MA 02108</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	
<i>MASS Turnpike Auth Chester J Sears 10 Park Plaza 110 Cherry St. Suite 4160 Holyoke MA 01040</i>	
Number of process to be served with this Form - 285 <i>2</i>	
Number of parties to be served in this case <i>2</i>	
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>Chester J Sears</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER <i>413 532 4475</i>	DATE <i>6/21/05</i>
<input type="checkbox"/> DEFENDANT			

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>38</i>	District to Serve No. <i>38</i>	Signature of Authorized USMS Deputy or Clerk <i>David W. Kelly</i>	Date <i>6/1/05</i>
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)	Date of Service <i>7/19/05</i>	Time <i>12:30 pm</i>
	Signature of U.S. Marshal or Deputy <i>not available</i>	

Service Fee <i>45.00</i>	Total Mileage Charges (including endeavors) <i>—</i>	Forwarding Fee <i>—</i>	Total Charges <i>45.00</i>	Advance Deposits <i>—</i>	Amount owed to U.S. Marshal or Deputy <i>—</i>	Amount of Refund
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REMARKS:  
*Mailed to USM Boston, MA on 6/21/05 for service. DS.*

*1 hr*

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF

Chester J Sears

DEFENDANT

MASS Turnpike Auth

SERVE

MASS Turnpike Auth



AT

10 Park Plaza Suite 4160 Boston MA 02108

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

Chester J Sears,  
Holyoke Soldiers Home  
Cherry St  
Holyoke MA 01040

COURT CASE NUMBER

05-30104-MAP

TYPE OF PROCESS

Sometime com

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Chester J Sears

 PLAINTIFF  
 DEFENDANT

TELEPHONE NUMBER

4135329475

DATE

5/10/05

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated.  
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin  
No. 38District to Serve  
No. 38

Signature of Authorized USMS Deputy or Clerk

Neal L. Spelly

Date

5/13/05

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Andrea Brewnan

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service	Time
7/19/05	12:30 pm
Signature of U.S. Marshal or Deputy	
Neal L. Spelly	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
45.00	—	—	45.-	—	—	

REMARKS:

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